DPAP TE	RANSMITTAL FORM  rell correspondence after initial of Pages in This Submission	- filing)	are required to respond to a confidence of Application Number  Filing Date  First Named Inventor  Art Unit  Examiner Name  Attorney Docket Number	Decem Frank S 1612 Lezah I	ber 6, 2 Seibert	Z
X Fee Tran  X F  X Amendm  X A  Extensio  Express  Informati  Certified Document  Reply to Incomple	nsmittal Form  Fee Attached  ment/Reply  After Final  Affidavits/declaration(s)  on of Time Request  Abandonment Request  ion Disclosure Statement  Copy of Priority	Di Li	rawing(s) censing-related Papers etition etition to Convert to a rovisional Application ower of Attorney, Revocation hange of Correspondence erminal Disclaimer equest for Refund D, Number of CD(s)  Landscape Table on C	Address		After Allowance Communication to TC  Appeal Communication to Board of Appeals and Interferences  Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  Proprietary Information  Status Letter  Other Enclosure(s) (please Identify below):  and return postcard receipt
Firm Name Signature Printed name Date	D. Peter Hochberg C  D. Peter Hochberg  D. Peter Hochberg	o., L.P.A		Reg. No.	24,60	

Typed or printed name

Sean F. Mellino

Date

[2/3/6]

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (10-08)

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Complete if Known Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/517,093 Application Number 'RANSMI December 6, 2004 Filing Date DEC 0 7 2010 For FY 2009 Frank Seibertz First Named Inventor **Examiner Name** Lezah Roberts Applicant claims small entity status. See 37 CFR 1.27 1612 PADEMAR Art Unit **TOTAL AMOUNT OF PAYMENT** 940.00 RO0953US.RCE (#90568) Attorney Docket No. METHOD OF PAYMENT (check all that apply) Check | X | Credit Card Money Order None Other (please identify): 08-2441 Deposit Account Name: D. Peter Hochberg Co., L.P.A. X Deposit Account Deposit Account Number:\_ For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **SEARCH FEES FILING FEES EXAMINATION FEES** Small Entity **Small Entity** Small Entity Fees Paid (\$) Fee (\$) **Application Type** Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) 0.00 Utility 330 540 220 110 165 270 220 100 50 140 70 Design 110 170 Plant 220 110 330 165 540 270 650 325 Reissue 330 165 220 0 0 Provisional 110 **Small Entity** 2. EXCESS CLAIM FEES Fee (\$) Fee (\$) **Fee Description** 52 26 Each claim over 20 (including Reissues) 220 110 Each independent claim over 3 (including Reissues) 390 195 Multiple dependent claims **Multiple Dependent Claims** Total Claims 90\*\* **Extra Claims** Fee (\$) Fee Paid (\$) 0.00Fee (\$) Fee Paid (\$) 88 \_\_\_XXXXX HP = -2 HP = highest number of total claims paid for, if greater than 20. **Extra Claims** Fee Paid (\$) Fee (\$) Indep. Claims6\*\* -X3XXX HP = 0 HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets

Extra Sheets

Number of each additional 50 or fraction thereof (round up to a whole number) x 0.00 - 100 = 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) 940.00 Other (e.g., late filing surcharge): RCE and one-month extension of time SUBMITTED BY Registration No. Telephone 216-771-3800 24,603 Signature (Attorney/Agent)

Name (Print/Type) D. Peter Hochberg

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